SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1,2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to: 12-10-00.</li> <li>* 01-348</li> <li>Christopher C. Cinnamon</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  Dis delivery address different from item 1?  If YES, enter delivery address below:
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Suite 1020 Chicago, IL 60601	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.
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2 Article Number (Copy from service label)  OOZ3 6771 2658	
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	
DOCKET NO. 01-348  ORDER DATED  ORDER DATED	
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NAME Christopher C Cinnal 307 North Michigan A Suite 1020 Chicago, IL 60601	Mon C. R. R. NO.  Venue  BY

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